

# <Hospital> Implementation Plan

## **Organization Structure of Presumptive Eligibility Staff**

This section should include the name and title of the individuals who will oversee the presumptive eligibility program at your hospital. This should also include the job title and location of the staff that will complete PE determinations. Included in this section should be what population will be targeted for PE. For example: ER patients, scheduled outpatient appointments, inpatients, any clinics.

## **Types and number of staff positions assigned to presumptive eligibility**

Provide total number of staff and their titles and what their current job responsibilities are and how the addition of doing PE determinations may change/impact current job duties.

## **Methods used to identify potential eligible**

Private pay patients that are being scheduled for Inpatient or Outpatient procedures are routed via work queues to the financial advisors for financial clearance to be scheduled. Emergency room patients that are admitted will follow this process as well. Financial clearance appointments are routinely done face to face. During this appointment the financial advisors will go through the general screening tool. This screening tool captures information about the household, income, citizenship, and other insurance. Financial advisors complete the screening questions with the patient. Based on the information captured on the screening tool the financial advisor will determine if the patient would be eligible for Presumptive Eligibility.

Emergency room patients that are not admitted will be screened by the health system's contractor. This screening takes place at the time of the emergency room visit. The contractor completes the screening tool. If the patient is eligible for Presumptive Eligibility the contractor will notify the financial advisors. The financial advisors will then meet with the patient while still in the emergency room. This process will only take place during office hours of the financial advisors. Emergency room patients that are seen after hours will be screened by

phone. If the patient screens eligible for presumptive eligibility the financial advisors will set an appointment and have the patient return to complete the PE application and the medical application.

### **Process of obtaining the presumptive eligibility application**

During the financial clearance appointment the Financial Advisors will complete the PE Application for those private pay individuals that have been determined eligible.

If the private pay patient is in the emergency room, the financial advisors will meet with those patients and complete the PE application. This will occur prior to the patient being discharged from the emergency room and the emergency room visit occurs during regular office hours of the financial advisors.

The private pay patients that were seen after hours in the emergency room will have an appointment scheduled for the patient to return to complete the PE Application. This appointment may not be within the same day as the emergency room visit. Eligibility for PE won't be effective until the PE Application is submitted.

### **Assistance in completion of the complete Medicaid application**

The Financial Advisors will be using the online medical application to complete the process. Advisors will be assisting patients in creating the online account through submission of the online application and any supporting documentation.

Patients that end in a denial of presumptive eligibility will also have assistance in completing the full Medicaid application for a determination of any other programs the patient may be eligible.

### **Follow-up Assistance for application completion**

All eligible presumptive eligibility applicants are held in a work que and followed up by the Financial Advisor until complete.

When the KanCare Clearinghouse requests additional information from the patient, the Financial Advisors will contact the patient and get the needed documentation

from the patient and submit this information directly. As we currently do now either by fax, regular mail or overnight mail.

The Work Que has a “tickle function” that allows the patient’s account to be worked, tickled out a few days and then come back to active work to be reviewed again. This happens continually until the patient is approved or denied.

This implementation plan is to help provide guidance on the business process for Presumptive Eligibility determinations that are completed by hospital staff at the *Hospital*. This process may be updated and efficiency improved as staff become more familiar with the Presumptive Eligibility program.

If the hospital chooses to expand presumptive eligibility to other departments, staff, or locations an updated implementation plan will be submitted.

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Name  
Title  
Hospital

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Debbie Whitaker,  
Presumptive Eligibility Program Manager  
KDHE-DHCF

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